

Pennsylvania Care Foundation

Employment Application

E-mail: myemployment@penncarefoundation.org Tel: 1-855-454-0450 Office-215-960-5894

NAME

LAST FIRST MIDDLE SOCIAL SECURITY NUMBER

CURRENT ADDRESS

ADDRESS TELEPHONE NUMBER

CITY STATE ZIP CODE

E-MAIL ADDRESS (IF AVAILABLE)

REFERENCES

(LIST REFERENCES THAT ARE WORK RELATED OR PROFESSIONAL RELATIONSHIPS THAT CAN PROVIDE REFERENCES OF YOUR WORK)

NAME	ADDRESS	CONTACT PHONE

DO YOU HAVE A PA DRIVER'S LICENSE?

(IF YES, WRITE THE NUMBER AND EXPIRATION DATE): _____

UPLOAD ID [CLICK HERE](#)

DATE AVAILABLE FOR EMPLOYMENT: _____

IF YOU ARE NOT EMPLOYED FULL TIME, ARE YOU INTERESTED IN BEING PLACED ON OUR WAITING LIST? YES NO

WEEKEND EMPLOYMENT YES NO SHORT-TERM YES NO

References:

Please attach photocopies of letters of reference and/or evaluations from work, college/university, supervisor and/or cooperating Co-Worker.

¹ Federal Privacy Act [5 U.S.C.§552A NOTE] Statement. Authority for requesting social security account numbers.

EDUCATIONAL BACKGROUND

School or Institution and Location	Month and Year of Completion	Diplomas, Degrees or Credits Earned	Grade Point Average (GPA)

EXPERIENCE

(PRESENT OR MOST RECENT FIRST)

Dates		Name of Employer and Address			Your Title	
From						
To						
				(Area Code) Telephone:		
Work Performed:				Reason for Leaving:		
Name & Title of Supervisor:				Final Yearly /Mon./Hourly Salary:		
Dates		Name of Employer and Address			Your Title	
From						
To						
				(Area Code) Telephone:		
Work Performed:				Reason for Leaving:		
Name & Title of Supervisor:				Final Yearly /Mon./Hourly Salary:		

GENERAL BACKGROUND INFORMATION

You must give complete answers to all questions. If you answer "Yes" to any question, you must list all offenses, and for each conviction provide the date of conviction and disposition, regardless of the date or location of occurrence. Conviction of a criminal offense is not a bar to employment in all cases. Each case is considered on its merits. Your answers will be verified with appropriate police records.

Criminal Offense includes felonies, misdemeanors, summary offenses and convictions resulting from a plea of "nolo contendere" (no contest). A State of Pennsylvania Criminal Background Check Must be submitted with application. (Chapter 611.52. (a) Criminal Background Checks

Conviction is an adjudication of guilt and includes determinations before a court, a district justice or a magistrate, which results in a fine, sentence or probation. You may omit: minor traffic violations, offenses committed before your 18th birthday which were adjudicated in juvenile court or under a Youth Offender Law, and any convictions which have been expunged by a court or for which you successfully completed an Accelerated Rehabilitative Disposition program.

Were you ever convicted of a criminal offense?	_____	Yes	_____	No
Are you currently under charges for a criminal offense?	_____	Yes	_____	No
Have you ever forfeited bond or collateral in connection with a criminal offense?	_____	Yes	_____	No
Within the last ten years, have you been fired from any job for any reason?	_____	Yes	_____	No
Within the last ten years, have you quit a job after being notified that you would be fired?	_____	Yes	_____	No
Have you ever been professionally disciplined at/from work in any state? "Professionally disciplined" means the annulment, revocation or suspension from your work duties or having received a letter of reprimand from your work or suspended from pay?	_____	Yes	_____	No

Note: If you answered "Yes" to any of the above questions, please provide a detailed explanation on a separate sheet of paper, including dates, and attach it to this application. Please print and sign your name on the sheet, and include your social security number.

ACT 34 Clearance (PA State Police Criminal Background Check)

Each applicant must submit with his/her employment application a copy of a Criminal History Record from the Pennsylvania State Police. Prospective employees must submit ORIGINAL report, which may not be more than one (1) month old. Submitted with application. (Chapter 611.52. (a) Criminal Background Checks) PCF is hereby authorized to acquire the same on behalf of the applicant.

ACT 114 (Federal Criminal History Record)

Each applicant must submit with his/her employment application a copy of a Federal Criminal Record from the Federal Bureau of Investigation (FBI). Prospective employees must submit ORIGINAL report, which may not be more than one (1) year old. (6 Pa.Code Ss 15.144(b) relating to procedures.) PCF is hereby authorized to acquire the same on behalf of the applicant.

ACT 151 Clearances (PA Child Abuse History Clearance)

Each candidate must submit with his/her employment application a copy of an official clearance from the Pennsylvania Department of Public Welfare. Prospective employees must submit ORIGINAL report, which may not be more than one (1) month old. (Chapter 611.53. (a) Criminal Background Checks Childline Registry.) PCF is hereby authorized to acquire the same on behalf of the applicant.

28 Pa. Code 611.51 Medical Clearances (611.56 Health Screening. Relating to hiring or rostering of Direct Care workers.)

Each candidate must submit with his/her employment application an ORIGINAL health report that clears him/her from Tuberculosis from a licensed Physician. Also, A Negative Covid Test prior to start employment. A Covid Vaccine proof is required. Original health report may not be more than (1) month old. PCF is hereby authorized to acquire the same on behalf of the applicant.

CERTIFICATION AND RELEASE AUTHORIZATION (Please place your initials at the beginning of the statement.)

() I certify that all of the statements made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I further certify that I am the sole author of the essay. I understand that any misrepresentation of information shall be sufficient cause for: (1) rejecting my candidacy, (2) withdrawing of any offer of employment, or (3) terminating my employment.

() I hereby authorize any and all of my previous employers and/or supervisors to release any and all of my personnel records, and to respond fully and completely answer all questions those officials of PCF, LLC may ask regarding my prior work history and performance. I will hold such previous employers and/or supervisors harmless of any and all claims that I might otherwise have against them with regard to statements made to this Company... I further authorize these officials to investigate my background, now or in the future, to verify the information provided and release from liability all persons and/or entities supplying information regarding my background.

Upload documents Criminal Background checks, transcripts, resume, PA Drivers license or ID, and copy of social security card.

Date

Signature of Candidate (in ink)

Pennsylvania Care Foundation does not discriminate in their activities, participants or employment practices based on race, color, national origin, sex, disability, age, religion, ancestry or any other legally protected classification. This policy is in accordance with local, state and federal laws.

